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RULE				

APPLICANTS

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*** FOREIGN APPLICATIONS *****

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**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials	STATE OR COUNTRY MA	SHEETS DRAWING 23	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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ADDRESS

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TITLE

Alerting a care-provider when an elderly or infirm person in distress fails to acknowledge a periodically recurrent interrogative cue

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit